

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | Robert G | | 11-26-01 |
| O.I.P.E. CLASSIFIER | | 12 | 12-3-01 |
| FORMALITY REVIEW | TD | JC1125 | 12/05/01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------|------|
| Final | |
| Original | |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
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| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here